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PRB
A publication of the Population Reference Bureau, Inc.

POPULATION TODAY

News, the numbers, and analysis

American Families: Greater Diversity, but Slower Change Ahead

By SUSAN KALISH

The past few decades have brought tremendous change in American family life. In comparison with the "Leave It to Beaver" image of the 1950s—when young women married on average at age 20, divorce was relatively rare, most fathers were the sole breadwinners of the family, and most mothers were homemakers raising three children—there has been change indeed.

PATRICK HERBERT

Today the average age at first marriage for women is 24; 26 years for men. About half of marriages end in divorce, making stepfamilies commonplace. Mothers are averaging only two children, and the majority of women are employed, at least part-time. Births to unmarried women have increased fivefold in the past three decades.

These changes have come so quickly that it is sometimes difficult for individuals, social institutions, or the experts to keep up. The Census Bureau, for example, has difficulty measuring the new types of family patterns. Most large-scale, nationally representative surveys cannot readily tell us what proportion of husband-wife families are stepfamilies; how adopted or foster-care children are faring; distinguish roommates from couples who are living together as unmarried partners; or measure the extent of family support networks for elderly persons who live alone.

On an individual level, family life in recent years has been subject to what Alvin Toffler termed "Future Shock." Social changes are happening so quickly that many people who grew up in "traditional" families, and developed their personal expectations of how families function within the norms of that structure, now find themselves psychologically unprepared—or at least confused—as changing times rewrite their family job descriptions.

Judging by the demographics, however, we may all get a breather during the 1990s. The pace of change should slow down over the next decade *Continued on page 2*

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September 1992

Changing Family

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as members of the trendsetting baby-boom generation—the major engine behind the social change that has affected people of all ages—settle down to raise their children.

In the new family dynamics, the roles of wives and mothers and husbands and fathers have changed. Women's options around career and family are much more diverse than 30 years ago. Breadwinning has increasingly become a shared responsibility in married-couple households. Today, only about 20 percent of married-couple families have a strictly breadwinner-homemaker division of labor, compared with nearly 70 percent in 1940 (see chart). Although in general husbands remain the dominant breadwinner, providing on average about two-thirds of family income, the earnings of women are an important contribution. The median annual income of married-couple families in which the wife worked was about $47,000 in 1990, compared with $30,000 where the wife did not work.

An increasing proportion of women have also found themselves functioning as sole parent, at least for a period of time. Nearly one in eight families was headed by a single parent in 1991. Women are five times more likely than men to be raising a family alone and African Americans are almost three times more likely than whites to be single parents.

Most arrive at single parenthood through divorce but, for a growing proportion, the path is unmarried childbearing. Changing family structure is considered a major contributor to the growing poverty of children. The median income of a female-headed family in 1990 was $17,000.

As women increasingly share the role of breadwinner for their families, what has happened to the unpaid work of keeping the home going? Demographers Frances Goldscheider and Linda Waite examined this question using data from the National Longitudinal Survey of Young Women and Mature Women. They found that husbands make significant contributions to household tasks and children do some work. However, women continue to carry the bulk of the responsibility. Mothers in two-parent families reported that their share of the laundry, shopping, and cooking was around 80 percent. Even women with full-time employment spend an additional 20 to 30 hours per week on housework.

Meanwhile, men have also encountered new expectations in their roles as husband and father. In addition to being a good provider, media images now project the ideal father to be sensitive, nurturing, and caring. Social scientists confirm that men have modestly increased the time they spend taking care of their children.

Along with this new ideal, however, a cultural anti-hero has arisen: the so-called "deadbeat dad." In the separations and divorces that are fairly frequent in the fluid family structure of today, children generally remain with their mother. Most often, the father separates from the family, and in time goes on to attach to another. What this means is that a new pattern of fatherhood is emerging: for men to support and play an active parenting role with the children of the woman who is their current partner. Children from a previous union are often left without their father's economic and emotional support. Over half (58 percent) of divorced, separated, or never-married mothers are awarded child support, but only half of these women receive full payment.

Family roles are particularly untested in the stepfamilies or blended families that have become more prevalent as a result of more widespread divorce and remarriage. Stepparents have a "limited license to parent" as demographer Andrew Cherlin writes. Typically, they must defer to the authority of the natural parent and become "skilled diplomats" and negotiators.

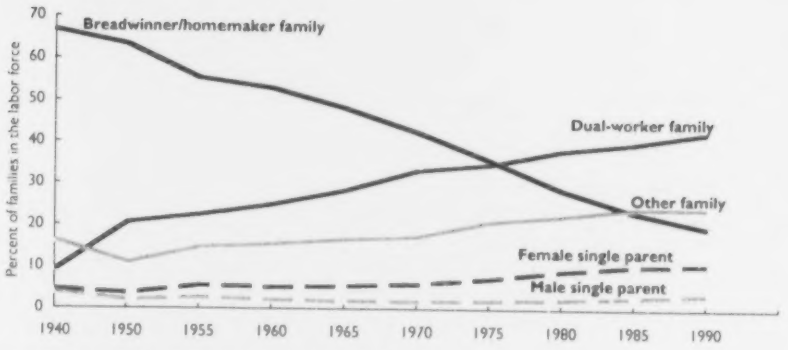
There are indications that future change will not continue at the same rapid pace witnessed over the past 20 or 30 years. Demographic factors in the 1990s suggest a slower pace of change in family patterns. The baby-boom generation, the largest generation in U.S. history, is in the prime ages for childbearing and childrearing. For the next ten years, there is likely to be little change in the overall share of families with children. But the composition of those families—whether single-parent, blended, multigenerational, or intact nuclear families—is likely to shift and change with time.

In the long run, two demographic trends will strongly influence the structure of family life. First, the aging of the population—that is, the continued growth in the size and share of the older population—will increase both the number of households without children and the number of persons who live alone. Second, the U.S. minority population is large and growing. Child poverty rates are two to three times higher for minority children than for non-Hispanic whites and this fact places a special spotlight on children in need.

As William Dunn of *American Demographics* magazine comments: "The family is battered but not defeated. The 1990s will be less disruptive to the family than were the 1970s or 1980s." ■

For more information on the prospects for the American family, see New Realities of the American Family, *by Dennis A. Ahlburg and Carol J. De Vita, Population Bulletin 47(2), 1992, Population Reference Bureau.*

Families in the Labor Force: 1940-1990



Source: Hayghe, *Monthly Labor Review*, March 1990.

Reforms Debated for 2000 Census

By MARK HUYLER

After some harsh reviews of the 1990 Census, the Census Bureau is searching hard for improved enumeration methods for the next census in the year 2000.

No less than 14 new designs are proposed, ranging from minor changes in format to radical alterations in the way demographic information is collected. In addition to studies within the bureau, outside committees mandated by both the Department of Commerce and Congress are evaluating the process.

In July 1992, Barbara Bryant, director of the Census Bureau, testified before the House Subcommittee on Census and Population on the results of recent tests conducted to see how different changes in format might improve the rates at which households filled out and mailed back census forms. The mail-back response rate was a disappointing 74 percent in 1990.

Of particular concern was the question of whether some format changes could improve mail-backs in low response areas. The results were encouraging, although none of the test formats eliminated the difference between high- and low-response areas. Options tested include:

- A graphic redesign of the 1990 Census questionnaire (to make it more "respondent friendly") improved response rates for the areas with low response. Design changes did not improve response rates overall, however.
- Asking for the Social Security numbers of household members lowered response rates overall as well as for areas with low response rates.
- Asking fewer questions improved overall response rates but not in areas with low response rates.
- A super-abbreviated format, asking only the names and dates of birth of household members did not improve response rates over a slightly longer version that had questions on race, sex, and Hispanic origin.
- One measure that improved response rates for all areas was sending out a follow-up replacement questionnaire if the first one was not returned to the Census Bureau.

Testing continues on additional options. The Census Bureau and the Task Force for Planning the Year 2000 Census and Census Related Activities for 2000-2009 (appointed by the Department of Commerce), will narrow the options to at most four formats by the fall of 1993. The bureau will test these formats and decide on a questionnaire design by the end of 1995.

Two National Academy of Science panels, authorized by the House of Representatives, have just begun an independent review of changes to the census. One committee will focus on census requirements; the other on census methods. These committees are charged with proposing changes for 2000 and beyond. With final reports expected in March 1994, it is unclear however, to what extent any of these recommendations could be implemented for the year 2000 Census.

Problems in 1990

Reforms are needed, critics say, because the 1990 Census cost more and was less accurate than the 1980 Census. The cost of the census increased 25 percent from approximately $20 per household in 1980 to $25 per household in 1990 (in constant 1990 dollars), according to a report by the U.S. General Accounting Office (GAO). The total bill for the entire census process is expected to come to $2.6 billion for 1990, a 65 percent increase over 1980.

The undercount was a contentious political issue in 1990, as it had been in 1980. Demographic analysis suggests that the 1990 Census had a 1.8 percent undercount compared to 1.2 percent in 1980. The total undercount was approximately 4.7 million people. What is more, GAO estimated a minimum of 14.1 million errors including missing and improperly counted persons.

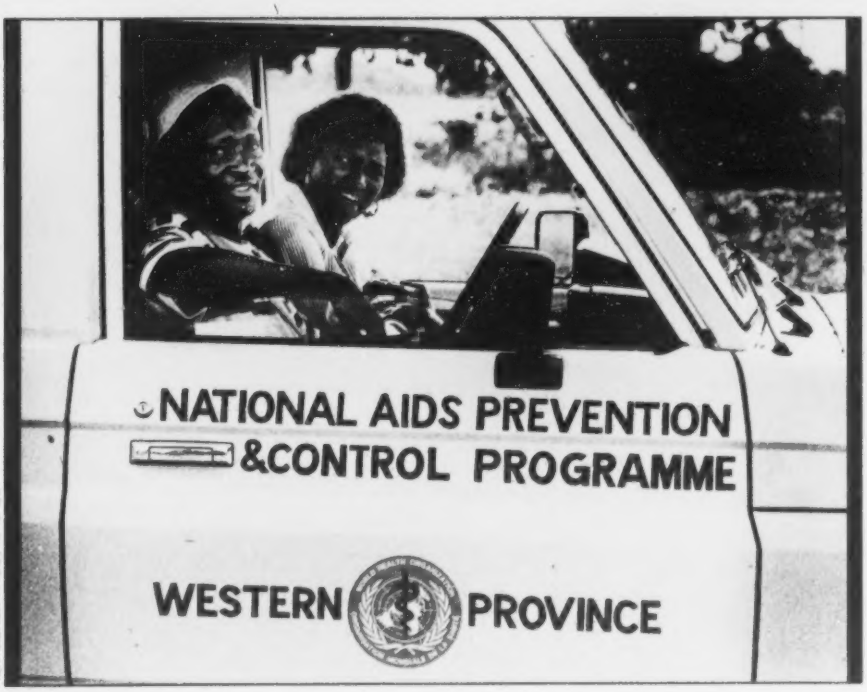
The uneven distribution of this undercount is a complicating factor. Undercount rates are typically higher in urban areas and areas of high black and Hispanic concentration, prompting demands by undercounted groups and some cities to have the census figures statistically adjusted (see June 1991 *Population Today*).

Possible Changes

At the urging of GAO, much of the Census 2000 research has focused on ways to increase the response rate of mailed census forms. Only about three-fourths of households filled out their census forms and mailed them back in 1990—a 9 percentage point drop from 1980. Although the Census Bureau sent out enumerators to collect the missing information, the data collected by enumeration was both less accurate and more expensive to collect.

Many reform proposals focus on improving the address list. A great deal of time and money was wasted in 1990 attempting to enumerate housing units that were not residential, were improperly addressed, or did not exist.

In addition, proposals are being aired to use administrative records to fill in missing information on household characteristics. The 1990 Census experimented in a limited way with this approach, for example, by using criminal justice records to get information on people just out of prison (parolees and probationers). Proposals for broad second-hand use of government data bases in future censuses, such as Social Security or IRS files however, raise serious privacy concerns. ■



RON GILLING/PANOS PICTURES

Lack of Development Puts Its Stamp on HIV/AIDS

By ELISE STORCK *and* NICOLE BROWN

The human and economic costs associated with the human immunodeficiency virus (HIV) and AIDS have been particularly severe in the poor countries of the world. In the developing countries of Africa, Asia, and Latin America the HIV/AIDS pandemic takes a different course than in the more developed countries. The disease kills more people, more swiftly, and typically across a broader spectrum of society.

In developing countries, sexual transmission between men and women is much more common than through homosexual unions or from sharing needles in drug abuse. Fewer resources are available for prevention campaigns or to delay death from AIDS once infection has occurred.

It is widely recognized that HIV/AIDS affects the prospects for development by disproportionately striking down adults in their most productive years and absorbing scarce social and economic resources. It is less well recognized that the conditions of underdevelopment affect the course of the disease and its impacts on society.

Issues concerning the prevention and management of HIV/AIDS take on a different set of infrastructural, economic, social, and political constraints in a developing country. Assumptions held in more developed countries about health care resources and institutional capacities for dealing with the pandemic may not hold in the developing world. For example, in the African nation of Rwanda, the doctor-to-patient ratio is 1 to 34,000 compared with 1 to 507 in the United States. In Brazil, with over 40 percent of the reported AIDS cases in Latin America, AIDS service organizations work without telephones or other office equipment. In India, where 1 million people are believed to be infected with HIV, many poor men routinely sell their blood for income, yet blood banks do not always have the equipment to screen blood for HIV.

Even prevention strategies designed for developed country settings may not be appropriate in this setting. For example, it may not be possible to implement the routine use of condoms to prevent the spread of HIV/AIDS in a society in which childbearing is the dominant role for women. Coping with the HIV/AIDS epidemic worldwide requires an understanding of the reciprocal impacts between the disease and underdevelopment.

Over the last decade, the pandemic has spread quickly through the developing world. AIDS was first diagnosed in 1981. In July 1992, the World Health Organization (WHO) announced that over one-half million (501,272) AIDS cases had been reported in 168 countries. Taking into account underreporting and underdiagnosis, however, WHO estimates that some 2 million people (including one-half million children) have developed AIDS since the beginning of the pandemic. In addition to total current AIDS cases, WHO estimates that 10 to 12 million adults worldwide are now HIV-positive, three-fourths having been infected heterosexually. By the year 2000, 30 to 40 million adults and 10 million children will likely have HIV. More than 90 percent of these will be in developing countries.

HIV is an expensive disease. It puts a heavy burden on the health, communications, and social services infrastructure of developing countries. In Latin America and Asia, as well as in ex-

tremely poor areas such as sub-Saharan Africa, the cost of treating the disease may overwhelm institutional capacities and threaten the availability of care for other illnesses.

Yet, the direct costs of medical care for HIV/AIDS are only a fraction of the social costs associated with the pandemic. The disease crowds out other patients from over burdened health-care systems, necessitates carrying out national prevention education campaigns (in some cases in multiple languages), and creates extreme economic and psychological hardships in affected households.

At the same time that the HIV/AIDS pandemic has been on the rise, many governments are in the midst of a debt crisis and are implementing economic stabilization and structural adjustment policies. Cuts in social services have squeezed already scarce health resources. During the 1980s, health-care spending per capita dropped by more than half in the poorest 37 countries of Africa and Latin America. Scarcity of foreign exchange to pay for imports means that hospitals and clinics in debt-stricken countries often lack basic medicines to treat complications of AIDS (such as tuberculosis) and equipment to identify HIV-infected blood.

In many countries, government agencies implement HIV education and prevention campaigns. But in countries where there is distrust of the government, official HIV education campaigns are suspect and likely to be ineffectual. In South Africa, for example, where apartheid has politicized every aspect of social relations, many people in the townships are suspicious of government AIDS programs. This suspicion often translates into denial by many that they are at risk. Official programs promoting the use of condoms face accusations of having a hidden agenda: to limit the growth of the black population.

Seeking Work but Finding HIV

Throughout the developing world, and in Latin America and Africa in particular, the number of people living in absolute poverty increased during the 1980s. Low levels of education, crowded and unsanitary living conditions, limited access to health care, poor nutrition, and high rates of unemployment may all lead to behaviors that place people at risk. Rural poverty in the developing world increases migration to urban areas, which can put people at new risk for HIV. Some of the social and economic conditions associated with urban living encourage patterns of behavior that increase the risk of HIV infection. Men looking for work may be separated from their families for months at a time and while living in the city engage in behaviors—such as drug and alcohol abuse or visiting prostitutes—which increase the risk of HIV infection. When these economic migrants return to their villages, they put their partners and future children at risk as well.

Many women also leave the support networks of extended family and village, and go to cities in search of work. Limited economic options are most acute for rural women, many of whom never had the chance to develop employment skills. In extreme poverty, many women may turn to prostitution to support themselves and their children. Even understanding the danger of becoming infected, women will consciously opt to put themselves at risk for the sake of immediate survival.

In Thailand, for example, where some 800,000 individuals work as prostitutes (compared to 700,000 teachers) female commercial sex workers are often teenagers from rural communities, helping to support their families. The Thai sex industry has flourished during the past three decades and is estimated to serve tens of thousands of Thai men and foreign tourists. Tourism, including sex tourism, is Thailand's biggest earner of foreign exchange, estimated in 1990 to account for 6 percent of GNP.

Cultural Blind Spots

In many traditional cultures, a woman's value is measured in terms of the children she bears. Childless women face stigma, desertion, or divorce. In this cultural context, the "safe sex" strategy (using condoms and non-penetrative sex to prevent HIV) becomes problematic.

"Safe sex" presupposes sex without conception. Women must balance the wish to protect themselves against HIV infection with the desire for children. Even where condoms are available, many women are unable to negotiate their use with their partner, increasing the risk of infection or abandonment.

Even where condoms are available, many women are unable to negotiate their use with their partner.

Sexual mores and practices have a profound effect on the prospects for managing HIV. In societies where traditional values and taboos make it difficult to talk openly about sexuality, coping with an epidemic spread primarily through sexual transmission poses additional challenges.

Yet, some responses from developing countries have been particularly creative, ranging from the use of popular music for reaching people who cannot read, to the establishment of children's HIV education programs, to training commercial sex workers and hotel employees to promote the use of condoms. What is needed is a broader application of education strategies that are responsive to community needs while being sensitive to cultural values. ■

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What the 1990 Census Tells Us About Segregation in 25 Large Metros

By WILLIAM P. O'HARE *and* MARGARET L. USDANSKY

Almost a quarter century has passed since the Fair Housing Act made it "unlawful...to refuse to sell or rent...a dwelling to any person because of race, color, religion, or national origin." Nevertheless, *de facto* residential segregation persists in U.S. metropolitan areas.

How harmful is segregation? Some observers believe segregation perpetuates inferior neighborhood schools, isolation from jobs, or high crime rates. Others point to potential benefits to minorities living in concentrated neighborhoods, such as increased political power and maintaining ethnic identity and cultural tradition.

During the past three decades, numerous studies have explored the extent of residential segregation and how it may differ in character from place to place.[1] This article updates the extent of racial and ethnic segregation using 1990 Census data. It examines 25 of America's largest metropolitan areas in which minorities make up 10 percent or more of the population.

Primary metropolitan statistical areas (PMSAs) were used, rather than consolidated metropolitan statistical areas (CMSAs). The largest PMSA examined was the Los Angeles-Long Beach area, with 8.9 million people; the smallest were San Francisco and Denver, with 1.6 million each.

The metro areas analyzed here include not only the central cities, but also the suburbs where growing numbers of minorities reside. One recent analysis found that among blacks living in large metro areas (over 1 million population), 31 percent were living in the suburbs in 1990 compared to 25 percent in 1980.[2] Often these suburban areas adjoin central city black neighborhoods that have expanded over the city boundaries, but this is not always the case. Hispanic and Asian suburban populations increased similarly during the 1980s.

The measure of segregation used is the Index of Dissimilarity, which indicates how evenly (or unevenly) different groups are spread across census tracts.[3] While it is useful to examine additional measures of segregation to obtain a complete picture, there is usually a high degree of correspondence among the various measures. The table on the opposite page compares the distribution of three minority groups—blacks, Hispanics, and Asians—to the distribution of non-Hispanic whites. On a scale of 0 to 100, 0 represents no segregation (that is, minorities and non-Hispanic whites are evenly distributed across the metropolitan area); 100 represents total segregation (the two groups live in completely separate neighborhoods). The Index of Dissimilarity for each of the three minority groups was combined in a weighted average to create an overall segregation index for each metro area.

Segregation linked to racial composition

The overall segregation index ranged from 41 (Riverside-San Bernadino) to 83 (Detroit). The unweighted average across metro areas was 62.[4] But there were marked differences among the minority groups: 71 for blacks, 50 for Hispanics, and 42 for Asians (see table). These disparities are similar to those noted in 1980, indicating little change in segregation throughout the decade.[5]

In most metros, blacks are more highly segregated than either Asians or Hispanics. In every metro area except Anaheim-Santa Ana, the segregation index is higher for blacks than for Hispanics or Asians. In Anaheim-Santa Ana, Hispanics (index=54) were more segregated than blacks (index=44).

The percentage of blacks in the metro population is linked to its overall segregation index. Thus metro areas where blacks make up a large share of the minority population, such as Detroit, St. Louis, Cleveland, and Chicago, tend to have higher overall segregation indices. Asians tend to be less segregated than Hispanics in most, but not all, metro areas.

There are striking regional differences in levels of segregation. The seven metros with the highest levels of segregation are all in the Midwest and Northeast. These are older industrial cities in the rustbelt that attracted many black migrants from the South to work in the heavy industries earlier in this century. The four metros in the Midwest (Detroit, Cleveland, St. Louis, and Chicago) had an average overall segregation index of 79 (see figure, note these are unweighted averages). The Northeastern metros (Newark, Philadelphia, New York, Boston, and Nasseau-Suffolk) had an average overall segregation index of 69, also relatively high.

The so-called "new minorities"—Hispanics and Asians—tend to comprise a larger proportion of the minority population in the growing sunbelt cities of the South and West. For example, Riverside-San Bernadino, where blacks make up only 7 percent of the minority population, has the lowest overall segregation index score (index=41). The average overall segregation index of metros in the South (Baltimore, Atlanta, Tampa-St. Petersburg, Clearwater, Houston, Dallas, Washington, D.C., and Miami-Hialeah) was 62. This score is somewhat less than in the Northeast or Midwest, but still higher than segregation levels in the West.

The nine metros with the lowest segregation scores are in the West: Los Angeles-Long Beach, San Francisco, Oakland, Denver, San Diego, Phoenix, Anaheim-Santa Ana, Seattle, and Riverside-San Bernadino. These metro areas tend to have large numbers of Hispanics and Asians with smaller populations of blacks. In addition, blacks are typically less segregated in large Western metros.

Social mechanisms of segregation

Metro areas with high levels of black residential segregation do not necessarily have high levels of Hispanic and Asian segregation. The correlation coefficient between the Index of Dissimilarity for blacks and that for Hispanics was .32, between blacks and Asians, .34—indicating only a weak statistical relationship between levels of segregation of different minorities in a given area.

These figures suggest that the social mechanisms and processes that result in segregated neighborhoods may

Continued on page 10

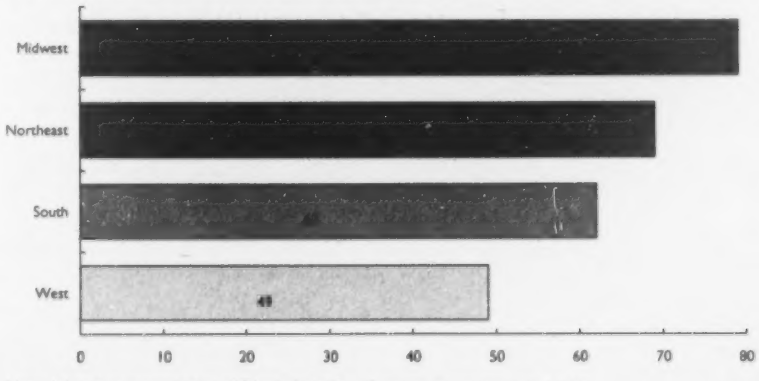
William P. O'Hare is director of the Population and Policy Research Program at the University of Louisville and Margaret L. Usdansky is a demographic reporter at USA Today. *The data presented here are from an analysis of 1990 Census data performed by Shawn McIntosh, special projects editor at* USA Today.

Metro Areas Ranked by Overall Segregation Levels, 1990

Metro area	1990 Population (in millions)	Overall segregation index	Index of Dissimilarity Black	Hispanic	Asian
1. Detroit, MI	4.4	83	89	42	48
2. Cleveland, OH	1.8	82	86	57	42
3. St. Louis, MO-IL	2.4	76	80	29	44
Chicago, IL	6.1	76	87	65	47
Newark, NJ	1.8	76	84	67	35
6. Philadelphia, PA-NJ	4.9	75	81	65	47
7. New York, NY	8.5	73	83	68	52
8. Baltimore, MD	2.4	71	75	35	42
9. Atlanta, GA	2.8	67	71	39	45
10. Boston, MA	2.9	62	72	59	46
Los Angeles-Long Beach, CA	8.9	62	74	63	48
12. Tampa-St. Petersburg-Clearwater, FL	2.1	61	74	47	39
13. Houston, TX	3.3	60	71	53	50
Nassau-Suffolk, NY	2.6	60	80	50	37
Dallas, TX	2.6	60	68	54	47
16. Washington, DC-MD-VA	3.9	59	67	43	35
17. Miami-Hialeah, FL	1.9	58	72	52	31
18. San Francisco, CA	1.6	54	66	51	51
19. Oakland, CA	2.1	51	66	48	34
Denver, CO	1.6	51	66	48	34
21. San Diego, CA	2.5	50	61	48	50
Phoenix, AZ	2.1	50	54	51	33
23. Anaheim-Santa Ana, CA	2.4	48	44	54	36
24. Seattle, WA	2.0	42	59	25	40
25. Riverside-San Bernadino, CA	2.5	41	49	39	38
Unweighted average	**3.2**	**62**	**71**	**50**	**42**
Highest metro score		83	89	68	52
Lowest metro score		41	44	25	31

Note: The overall segregation index is a weighted average of the Index of Dissimilarity of the three minority groups.
Source: *USA Today* analysis of data from the U.S. Bureau of the Census.

Average Segregation Levels by Region



Unweighted average Index of Dissimilarity for all metro areas in each region.
Source: Data from the U.S. Bureau of the Census.

32 million uninsured

Thirty-two million people—or about 13 percent of the population—lacked health care coverage in the last quarter of 1990, according to findings from *Health Insurance Coverage: 1987 to 1990.* Hispanics are the least likely to have insurance. Forty-six percent of Hispanics lacked health-care coverage for at least one month between 1987 and 1990, compared with 40 percent for blacks and 24 percent for whites.

Also at risk are young people: 50 percent of those ages 18 to 21 had no insurance for at least one month. Seventy-three percent of people ages 25 to 44 had continuous coverage, compared to 82 percent of 45- to 64-year-olds. People age 65 and over have universal coverage under Medicare. [U.S. Census Bureau, 25 June 1992]

German court delays abortion change

An injunction from the Federal Constitutional Court of Germany has delayed implementation of new, liberal abortion legislation enacted by German lawmakers on June 26. The new law legalized abortion within the first trimester of pregnancy, but requires counseling at least three days prior to an abortion. A full hearing to determine the law's legality is expected by the end of the year.

The issue of abortion has been divisive in Germany since reunification in October of 1990. Since then, the eastern and western regions of the country have been operating under different laws. In the West, abortion is legal only in dire medical, psychological, and social circumstances, as determined by a physician. West German women can be prosecuted for seeking abortions outside the country. The West German law is the most restrictive in Europe with the exception of Ireland's–although much leeway is allowed in a doctor's judgement. In the east, however, abortion is legal and free on demand. [*Los Angeles Times*, 26 June 1992 and *Washington Post*, 5 August 1992]

Roe v. Wade upheld, but...

The June 29 decision by the U.S. Supreme Court in *Casey v. Planned Parenthood* upheld by a narrow margin the 1973 *Roe v. Wade* decision, which guaranteed abortion as a constitutional right for all women in the United States. While upholding *Roe*, the 5-4 decision did not satisfy either anti-abortion or prochoice advocates. The High Court said that states may regulate abortion as long as "undue burden" is not placed on women seeking abortion, a standard that permits a range of interpretations by lower courts.

Provisions of the Pennsylvania law that were upheld as not being unduly burdensome include a 24-hour waiting period and parental consent for minors. States may also legislate abortion providers to give women information on alternatives to abortion. The spousal notification provision of the Pennsylvania law was struck down under the undue burden standard.

Not unexpectedly, abortion has become an issue in the fall election campaigns. Actions by Congress and the President on the Freedom of Choice Act (H.R.25 and S.25) could sharpen the debate. Delayed in court actions is enforcement of the "gag rule"—the Department of Health and Human Services' new regulation forbidding non-physicians in family planning clinics that accept Title X federal funding from discussing abortion with patients.

The presidential election will influence the future course of this issue, since the next president will probably have to take action on prochoice legislation and nominate a successor to 83-year-old Supreme Court Justice Blackmun, a strong supporter of *Roe v. Wade.* [*Washington Memo*, The Alan Guttmacher Institute, July 1992]

UNCED dramatizes new women's issues

A strong critique of efforts to reduce fertility in developing countries took some population advocates by surprise at United Nation's Earth Summit in Rio de Janeiro in June. It is important to understand the basis of this critique, says activist Karen Rindge of the National Wildlife Federation.

"Speeches made at the Planeta Fema—the associated women's conference—spoke harshly about the 'population control' movement and insisted on a new direction for addressing population, "one which does not focus on demographics, per se, as a problem." This new critique has three major concerns:

- Women fear that "too much emphasis on reaching demographic targets has led to coercion and forced sterilization of women" and could continue to do so.
- Women in developing countries "have sometimes been subjected to testing and use of unsafe contraceptives by corporations, international institutions, and governments."
- "It is feared that environmentalists do not care about women, seeing them only as breeders—that they only pay lip service to such terms as 'raising women's status.'"

Rindge said: "By the time we finished negotiating, it was clear there was a lot of common ground, but we need to keep listening and approach the issue in a more comprehensive way." [Congressional briefing by Karen Rindge, Population Program Coordinator, National Wildlife Federation, June 24, 1992]

Tulsa: typical?

Tulsa, Oklahoma, is the most demographically representative U.S. city, according to a study conducted by *American Demographics* and Donnelley

MOMMA MELL LAZARUS

MOMMA, NORMY'S PARENTS BORROWED $500 AND GAVE IT TO HIM SO HE COULD FINALLY AFFORD TO MOVE OUT OF THEIR HOUSE!
THAT WAS GENEROUS OF THEM.
MY FATHER THINKS OF IT AS A HOME IMPROVEMENT LOAN.
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Marketing Services, based on 1990 Census data. Its representativeness could make it a favorite spot for the testing of consumer products. Tulsa's ethnic make-up, median home value, and age distribution mirror that of the country as a whole. Tulsa's population of 367,000 is 79 percent white and 14 percent black, compared to the U.S. totals of 80 and 12 percent respectively.

Other cities that ranked as promising testing sites include: Charleston, W. Va.; Midland, Tex.; and Springfield, Ill. The study breaks the stereotype of traditional test cities such as Peoria, Ill., Fort Wayne, Ind., and Green Bay, Wisc. [*New York Times*, 1 June 1992]

Incredible shrinking household stops

The average U.S. household stopped shrinking last year, reversing a 140-year trend. The average number of people that comprise a household in the United States—2.63 people—remained the same in 1991 as in 1990, and nearly the same as 1989, according to a Census Bureau report.

Unemployment due to recessionary conditions could account for some of this trend, by discouraging the formation of independent households. Lack of resources can force individuals, single parents, and even married couples to double up with relatives. Also, many baby boomers are now having their children, which increases household size.

Other reported trends, however, would tend to decrease household size: fewer children, on average, per household; a smaller number of households with any children; and a greater number of single-parent households. [U.S. Bureau of the Census, *Current Population Reports* – Series P-20, no. 458, February 1992] ■

POPULATION UPDATE

Estimated United States Population:

As of May 1, 1992	254,935,000
As of May 1, 1991	252,205,000

The above estimates, based on the 1990 Census, include armed forces overseas and are from U.S. Bureau of the Census *Current Population Reports* P-25, no. 1088.

Estimated World Population:

As of September 1992	5,435,000,000
Annual growth	91,000,000

Extrapolated from the mid-1992 population on PRB's *1992 World Population Data Sheet*.

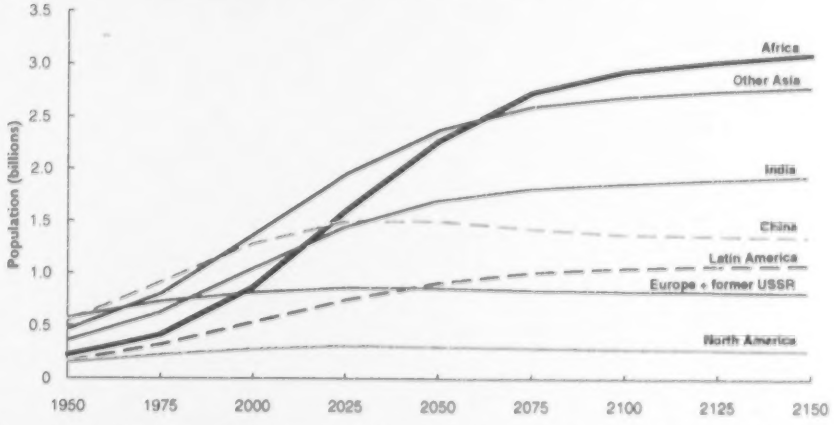
Latest Provisional Statistics for the U.S.: February 1992

	12 months ending with February				
	Number		Rate		
	1992	1991	1992	1991	1990
Live births	4,113,000	4,170,000	16.2	16.6	16.3
Fertility rate	—	—	69.7	70.9	69.4
Deaths	2,183,000	2,143,000	8.6	8.5	8.7
Infant deaths	36,200	37,800	8.8	9.0	9.7
Natural increase	1,930,000	2,027,000	7.6	8.1	7.6
Marriages	2,375,000	2,453,000	9.3	9.8	9.7
Divorces	1,190,000	1,182,000	4.7	4.7	4.7

Note: Fertility rate is given per 1,000 women ages 15-44; infant deaths per 1,000 live births, other rates per 1,000 population.
Source: National Center for Health Statistics, *Monthly Vital Statistics Report* vol. 41, no. 2 (1992).

SPEAKING GRAPHICALLY

Regional Population Growth into the 22nd Century



Source: United Nations, *Long-Range World Population Projections: Two Centuries of Population Growth, 1950-2150* (New York: UN, 1991).

In the 200 years between 1950 and the year 2150, world population is projected to increase from 2.5 billion to 11.5 billion. This graph shows the course of population growth in different regions of the world and how each will contribute to the accumulating total.

TAKE A NUMBER

World Population Clock, 1992

	World	MDCs	LDCs	LDCs-China
Mid-1992 population	**5,420,391,000**	**1,223,967,000**	**4,196,424,000**	**3,030,653,000**
Births per:				
Year	141,242,000	17,240,000	124,002,000	101,060,000
Month	11,770,167	1,436,668	10,333,502	8,421,637
Week	2,708,743	330,630	2,378,114	1,938,125
Day	386,964	47,233	339,732	276,876
Hour	16,124	1,968	14,155	11,536
Minute	269	33	236	192
Second	4.5	0.5	3.9	3.2
Deaths per:				
Year	50,202,000	11,512,000	38,690,000	30,879,000
Month	4,183,500	959,346	3,224,161	2,573,272
Week	962,775	220,780	741,997	592,203
Day	137,540	31,540	106,000	84,601
Hour	5,731	1,314	4,417	3,525
Minute	96	22	74	59
Second	1.6	0.4	1.2	1.0
Natural increase per:				
Year	91,040,000	5,728,000	85,312,000	70,180,000
Month	7,586,667	477,333	7,109,333	5,848,333
Week	1,745,968	109,852	1,636,116	1,345,914
Day	249,425	15,693	233,732	192,274
Hour	10,393	654	9,739	8,011
Minute	173	11	162	134
Second	2.9	0.2	2.7	2.2
Infant deaths per:				
Year	9,554,000	305,000	9,249,000	8,469,000
Month	796,167	25,439	770,731	705,728
Week	183,227	5,855	177,373	162,414
Day	26,175	836	25,339	23,202
Hour	1,091	35	1,056	967
Minute	18	1	18	16
Second	0.3	0.01	.29	.27

Source: PRB's *1992 World Population Data Sheet*

Segregation

Continued from page 7

affect blacks, Hispanics, and Asians differently. The lack of connection between levels of segregation among blacks, Hispanics, and Asians may also be related to kinds of metro areas where they are concentrated. Blacks tend to be concentrated in large industrial areas of the North, while Hispanics and Asians are more concentrated in metro areas of the West. The intergroup dynamics in these two types of areas may play a role in the levels of segregation among American minority groups. ■

1. Karl E. Taueber and Alma F. Taueber, *Negroes in Cities: Residential Segregation and Neighborhood Change* (New York: Aldine, 1965).
2. William Frey, "Minority Suburbanization and Continued 'White Flight' in U.S. Metropolitan Areas: Assessing the Findings from the 1990 Census," Paper presented at the Population Association of American Annual Meeting, Denver, Colorado, May 1992.
3. Otis Dudley Duncan and Beverly Duncan, "A Methodological Analysis of Segregation Indices, *American Sociological Review* 20, (1955): 210-217.
4. This figure weights the minority groups within metros, but does not weight the index of Dissimilarity in each metro by the population sizesof the metro area. If figures were weighted by the population size of the metro, the average would be 64.
5. Nancy A. Denton and Douglas S. Massey, "Residential Segregation of Blacks, Hispanics, and Asians by Socioeconomic Status and Generation," *Social Science Quarterly* 69 (1988):797-817.

POPULATION TODAY

VOL. 20 NO. 9
September 1992

Population Today is published 11 times a year by the Population Reference Bureau (PRB). Founded in 1929, PRB is a private, nonprofit organization dedicated to the dissemination of objective demographic information. The views and opinions of *Population Today's* contributors do not necessarily reflect those of PRB.

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ISSN 0749-2448

PRB Membership
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Recycled Paper

Uzbekistan

Population: 21.3 million
Land area: 172,700 square miles
Births: 34.6 per 1,000 population
Deaths: 6.2 per 1,000 population
Natural increase: 2.8% per year
Total fertility: 4.1 births per woman
Infant deaths: 64 per 1,000 live births
Life expectancy: 66(male)/72(female)
Capital city: Tashkent

By ELIZABETH LEE

Uzbekistan's population of 21.3 million, about the size of Taiwan's, makes it the third largest of the 15 former Soviet republics. Its population density is close to that of New Hampshire's in an area two-thirds the size of Texas. The population is 71 percent Uzbek, with minority populations of Russians, Tajiks, Kazakhs, Tartars and Karakalpaks. Since independence, there has been significant Islamic revivalism in this predominantly Sunni Muslim republic.

Uzbekistan declared sovereignty in June 1991, joined the Commonwealth of Independent States in December, and became a UN member this March. Uzbekistan's president is committed to reforming the country's relatively undeveloped economy. In 1989, 44 percent of the population earned less than 75 rubles, well below the poverty line for the former USSR.

The new nation, located in the heart of Central Asia between the region's two major rivers, is largely desert dotted with fertile oases. The country lies almost entirely in the internal drainage basin of the Aral Sea, the world's fourth largest lake. The economy is dominated by cotton, cultivated under intensive irrigation in this arid land that receives only about eight inches of rain a year. With 47 percent of its land planted to this crop, Uzbekistan is the world's third leading cotton producer. Natural gas production provides a secondary source of revenue. Cotton has been both a blessing and a curse. While a major employer (40 percent of the workforce), this thirsty crop has also led to severe environmental degradation and health problems.

Much of the water required for irrigation is siphoned from the Amu Darya and Syr Darya rivers that feed into the Aral Sea. Irrigation and river diversion schemes initiated in 1960 caused a 13-meter drop in the Aral's water level, reducing its area by 40 percent. In some areas the sea has receded more than 120 kilometers.

Shrinkage and increasing salinization have decimated the region's once-thriving fishing industry, killing off 20 of the 24 native commercial fish species.

Salt residues from the retreating waters and improper irrigation of crops are toxic to plants, eventually rendering the soil barren. Residues of salt, fertilizers, and pesticides are swept up in wind storms and deposited around the region, polluting the air, crop land, and drinking water. Health statistics of the region reflect these environmental hazards. Respiratory diseases were the third leading cause of death in 1988, just behind cardiovascular disease and cancer. Some 45 percent of citizens in the worst affected region, Karakalpak, which borders the Aral Sea, are reported to suffer respiratory complications.

Acute respiratory infections, perinatal conditions and diarrheal diseases are prime causes of infant death. In 1989, the infant mortality rate was estimated at 64 per 1,000 live births, far above Western Europe's average of 7. Karakalpak's rate is the highest in the nation.

The republic also records a high birth rate. Its total fertility rate (TFR, or average lifetime births per woman) in 1991 was 4.1, down from a rate of 5.9 in 1969-1970. Its growth rate of 2.8 percent per year is similar to Kenya's.

Uzbekistan does not have a national population policy but in 1990 began a mass campaign to promote contraception. The effort was initiated in urban areas, where about 40 percent of Uzbeks live. The number of women using contraceptives is reported to have increased from 4,000 in 1991 to 62,000 in 1992. IUDs are the most commonly used method, followed by oral contraceptives and condoms. Reliance on abortion is high: urban women appear to average five abortions in their lifetimes. ■

Cannon fodder loses value?

In classic political thought, the bigger the population size—and thus the potential size of the army—the better. This young-men-as-cannon-fodder formulation no longer reflects conventional wisdom. Today, the ability of forces to defend a country is also a product of the qualities of the civilian population: the resources and technology at its disposal, and their unity of purpose. In this thoughtful study, military scholar Laurence Freedman and sociologist John Saunders rethink the relationship between population change and national security for Europe, especially in light of the end of the Cold War and the economic gap between the prosperous North and the developing countries of the South.

• *Population Change and European Security*, by Lawrence Freedman and John Saunders. London: Brassey's, 1991. 295 pages. $56.00 hardcover. ISBN 0-08-040349-2.

Growing up poor and urban

Millions of children are growing up in extreme poverty in urban areas around the world without basic necessities such as safe housing, proper nutrition, health care, or education.

Increased population growth and continued rapid urbanization will only make the problems more severe in the future. *Children of the Cities* examines themes of poverty, family, crime, homelessness, health, education, and work.

• *Children of the Cities*, by Jo Boyden, with Pat Holden. London and New Jersey: Zed Books, Ltd., 1991. 150 pages. $17.50 paperback. ISBN 0-86232-957-4.

Updated city and county data

The *1992 County and City Extra* is an updated version of the Census Bureau's venerable *County and City Data Book*. Formerly issued every five years, the new annual version is produced by two former Census Bureau employees, Courtenay Slater and George Hall, who now run their own company. It provides demographic indicators for states, counties, metro areas, and cities.

• *1992 County and City Extra: Annual Metro, City and County Data Book*, edited by Courtenay M. Slater and George E. Hall. Lanham, MD: Bernan Press, 1992. 1101 pages. $79.95 hardcover. ISBN 0-89059-004-4.

Health care demography

The authors of *The Demography of Health and Health Care* attempt to define the emerging field of health demography. They explore how population size, distribution, and composition affect the nature of health and illness in a society. The book gives an overview of the U.S. health care system, examines concepts and processes within the field, and discusses health care policy applications for the United States. The book is intended for use by academic audiences, applied demographers, and health care administrators.

• *The Demography of Health and Health Care*, by Louis G. Pol and Rochard K. Thomas. New York: Plenum Press, 1992. 381 pages. $45.00 hardcover. ISBN 0-306-43981-6.

Population and environment issues inseparable

Population control, reduced consumption, and technological advancement are the keys to sustainability, according to Paul Harrison in *The Third Revolution: Environment, Population, and a Sustainable World*. These three determinants, he writes, will decide how human society adapts to the environmental problems it has created, such as deforestation, land degradation, solid wastes, water pollution, and air pollution. Case studies explore how the three determinants act together in causing specific instances of environmental degradation.

Two major technological revolutions have occurred in response to a crisis of resources, writes Harrison: the agricultural revolution to food resources; and the industrial revolution to energy resources. The environmental revolution requires that we balance numbers, consumption, and technology with what the environment can support.

• *The Third Revolution: Environment, Population and a Sustainable World*, by Paul Harrison. London: I.B. Harris & Co., Ltd., 1992. 359 pages. $27.95 hardcover. ISBN 1-85043-501-4.

People and the planet

A new quarterly magazine, *People and the Planet*, explores the linkages between population and the environment. A successor to IPPF's *People* magazine, *People and the Planet* is produced jointly by IPPF (International Planned Parenthood Federation), UNFPA (United Nations Population Fund), and IUCN (World Conservation Union). The first issue focused on the Earth Summit in Rio. Upcoming topics will include: people and the forests, people and water, and people and energy.

• Contact John Rowley, IPPF, P.O. Box 759, Regents Park, London, NW1 4LQ, England.

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